

RE:

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Applicant's Name (print)

The applicant referenced above has applied for assistance with our agency's federally funded housing program. Federal regulations require that we verify the housing status of this individual. Written verification of a hotel/motel stay must be obtained. The verification must include: the hotel/motel name and address, applicant's paid length of stay including entry and exit dates and the signature and title of the person providing the information.

I do hereby authorize the release of this information

Applicant Name	Signature of Applicant	Date

SECTION BELOW TO BE COMPLETED BY CHARITABLE ORGANIZATION STAFF, GOVERNMENT STAFF, HOTEL/MOTEL STAFF OR HOUSING PROVIDER STAFF (IF ORAL)

(Applicant Name)		is currently residing at hotel/	
motel	Name of Hotel/Motel	located at	
Address of Hotel/Motel			
The client entered the hotel/motel on	Date In	and exited on	Date Out

Additional Information:

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Name and address of individual or organization that paid for hotel/motel state

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This information was collected by means of:

Written Referral from Hotel/Motel

Oral Referral from Hotel/Motel (if so, complete information below)

Name of individual providing information:	Staff Member Providing (oral) information
Title of individual providing information:	Staff Member's Title
Contact number:	Staff Member's Contact information
Date and Time of conversation:	Date and Time information was shared

I certify this information is true and complete.

Staff Completing Form	Staff Completing Form Signature	
Staff Name and Title	Signature	Date
Staff Agency	Staff Agency Address	
Company Name	Address	

All of this same information can be provided in a letter on letterhead. Please include locations, dates, names, and contact information